

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-014490**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **54**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **70**

**FILED APR 24 1962**

VS 300  
Rev. 4/59

**10190**

**20191**

**3**

**4 0**

**5 1**

**6**

**7 1**

**8 2**

**9 4201**

**10**

**11**

**12 91-0**

**13 1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**LYLE**

**VAL**

**BUMGARDNER**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married

☒ **Never Married**

8. DATE OF BIRTH

**10/25/192**

9. AGE (last birthday)

**69**

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Local manager**

10b. KIND OF BUSINESS OR INDUSTRY

**Power & Light Co.**

11. BIRTHPLACE (City and state or country)

**Miltonvale, Kansas**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**John Bumgardner**

13b. MOTHER'S MAIDEN NAME

**Mary Sullivan**

14. NAME OF HUSBAND OR WIFE

**Edith Bumgardner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**Yes**

**W. W. #1**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Edith Bumgardner**

Address

**Belton, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**CORONARY OCCLUSION, ACUTE**

INTERVAL BETWEEN ONSET AND DEATH

**15 MIN.**

DUE TO (b)

**CORONARY ATHEROSCLEROSIS**

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**MYOCARDIAL INFARCT, CHRONIC, MILD**

PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **MARCH 12, 1948** to **FEB. 29, 1962** and last saw him alive on **APR. 10, 1962**

Death occurred at **7:20** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**Hubert A. Tracy** M. D.

22b. ADDRESS

**Belton, Mo.**

22c. DATE SIGNED

**4/16/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**4/17/1962**

23c. NAME OF CEMETERY OR CREMATORY

**Belton Cemetery**

23d. LOCATION (City, town, or county)

**Belton, Mo.**

(State)

24. FUNERAL DIRECTOR

**E. K. George & Sons**

ADDRESS

**Belton, Mo.**

25. DATE RECD. BY LOCAL REG.

**4-18-1962**

26. REGISTRAR'S SIGNATURE

**Per. Ray J. Seiber**

JAN 29 1963  
SEP 14 1962  
APR 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address B. E. Long, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.